

Bill Brown Scenario

Shawn Wright

Your life:

- You are the social worker for Hospice.
- You work with family members who have grief and anxiety as they watch their loved ones die slowly. You met with Bill and Betty Brown in their home once last month and offered Betty resource materials about services in the community.
- You also work with the nurse case manager and hospice aide to provide medical support for patients and ensure good care.

You value:

- Ensuring each patient has the support necessary to live in comfort and with dignity in the way that he or she chooses
- Providing support to family members and especially to those who are primary caregivers
- Providing support to hospice agency care providers

You appear in Scene Three

Summary of the Scenario

This Scenario focuses on Bill Brown, an 83-year-old man dying of cancer. Bill has been in extreme pain due to cancer for over a year, and he and his family have decided to stop cancer treatment. He is expected to die within the next few weeks. Bill's wife, Betty, has been providing home care for him for the past year, and Bill has been receiving hospice care for three weeks. He wants to die at home.

Bill and Betty have one son and three grandchildren who live in California. They have no other close family members in Wisconsin. Bill is on morphine and other pain medications. He has begun sleeping more as the drugs, pain, and cancer take over his body. He has only brief moments of alertness, is barely eating, and is rapidly losing weight. Rashida, the hospice aide, realizes that Betty is increasingly overwhelmed with the task of caring for Bill. Betty has not been turning Bill regularly, which has resulted in increased pressure ulcers. Rashida also believes that Bill has not been getting enough pain medication.

Lives

- **Bill Brown**, hospice patient
- **Betty Brown**, Bill's wife
- **Brent Brown**, Bill and Betty's son
- **Rashida Hoskins**, hospice aide
- **Albert Holmes**, RN Case Manager – Rashida's supervisor
- **Bea Console**, bereavement counselor
- **Shawn Wright**, hospice social worker
- **Randa Records**, Documentation Specialist

Who is in each Scene

- **Scene One** (on Blue paper): Rashida, Betty, and Bill
- **Scene Two** (Green): Rashida and Brent
- **Scene Three** (Yellow): Rashida, Albert, Bea, and Shawn
- **Scene Four** (Pink): Rashida, Albert, Bill, Betty, and Brent

Shawn Wright, age 27

Starter page

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Props: None

Scenes you are in: Three (Yellow)

Warm-Up

Bill and Betty:

- It is a good day for Bill.
- You can talk about Brent and his children.
- You just received a letter from Brent. Betty can read the letter.

Rashida, Albert, Bea, and Shawn:

- You have just attended a staff meeting about collaborating with other agencies. Briefly discuss an interagency collaboration that you've experienced and how it went for you.

Brent and Randa:

- Brent shows Randa a picture of him and his dad.
- Randa asks Brent about his childhood. Brent tells Randa about the good times he had as a kid.
- Randa asks Brent about his next trip to see his parents.

Scene Three: Yellow

Time: Friday 10am

Participants: Rashida, Albert, Shawn, and Bea

Rashida: Albert, can I talk to you about the situation with Bill and Betty Brown?

Albert: What's going on Rashida?

Rashida: I'm worried that Betty's overwhelmed and isn't providing the care Bill needs. Bill hadn't gotten his pain medication over the past two days, and he's developed two new pressure ulcers because she hasn't been turning him.

Albert: Thanks for bringing this to my attention. We need to get some help for Bill in his home. Are there any family members we can call in to help out?

Rashida: Their son, Brent, is visiting from California. The only reason I felt comfortable leaving was that he assured me that Bill will get his pain meds regularly. Brent's going back home in a couple of days though. He really wants to make sure his father stays at home.

Shawn: It sounds like we need some community resources for Bill's wife. Maybe that would help her focus on Bill's care.

Albert: Well, we'll need some other people to help Betty out. I'll go in and do a home check tomorrow and see what's going on. I'd like you to go with me.

Rashida: Of course. We can discuss the situation with the whole family then.

Bea: I am happy to help with that discussion if you want me to.

Albert: Let's think of a few options for them before we go.

Shawn: I want to make sure that Bill has the support necessary to live in comfort and dignity as he chooses.

Rashida: I agree, Shawn. Let's contact the agency's volunteer services and Catholic Charities to see if there are trained volunteers who can help provide some care.

Rashida: If the Browns are involved with a church, maybe we could check to see if they could provide some help.

Albert: We can contact some respite care services in the community – like Meals on Wheels. That would at least take care of some of the cooking for Betty.

Bea: We also need to ensure that families have the emotional support they need to go through the grief related to the death of a loved one.

Rashida: Let's contact Elder Care and other agencies to see what services are available for Bill and Betty.

Albert: And we need to make sure Betty receives grief counseling.

Bea: I can talk with Betty about the feelings she is experiencing. She is certainly having a reaction to all the grief and stress of watching Bill die.

Albert: Thanks everyone for all your good ideas!

Bill Brown – Individualized Care Plan

(excerpted)

Diagnosis:

- Terminal colon cancer

Interests:

- Reduction of pain and assurance of comfort: ensure that pain medication is administered regularly and that pain is managed effectively. Contact nurse case manager if pain management needs to be re-assessed
- Death with dignity: ensure that Bill participates in decisions about his care as much as possible

Nutrition:

- Provide favorite foods as tolerable; Bill's appetite is naturally declining as his body begins to shut down
- Do not try to push food; allow Bill to eat as much or as little as he wishes

Safety and care instructions:

- Reduce potential for pressure ulcers and risk of infection by turning Bill 3 times daily
- Cleanse Bill's body once daily
- Provide liquid morphine pain medication as needed, up to every 2 hours
- Provide food as patient requests
- Encourage to drink at least 8 oz of fluid every two hours